Approved for use through 7/31/2008; CHB 06510003 U.S. Potent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a pollection of information unless a displays a valid CMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Humber Substitute for Form PTO-876 Effective December 6,'2004 APPLICATION AS FILED - PART I OTHER THAN SMALL ENTITY (Column 1) OR (Column 2) SMALL ENTITY FOR HUMBER FILED NUMBER EXTRA RATE (1) FEE (\$) RATE (\$1 BASIC FEE FEE IN **NA** NA (37 OFA 1.16(1), (b), or (c)) NA 150.00 NA 300.00 SEARCH FEE · N/A NA. N/A \$250 (37 CFR 1 16(H) (1, or (m)) N/A \$500 **EXAMINATION FEE** 1 NÀ NA (31 CFR. 1.16(4), (c), or (q)) NA \$100 NIA \$200 TOTAL CLAMS X\$ 25 (37 CFR 1.16(8) minus 20 = .; X\$50 OR INDEPENDENT CLAMS X100 (37 CFR 1.16(N) minus 3. « X200 If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due ls \$250 (\$125 for small entity) for each (3) CFR 1.18(6)) additional 60 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1)) +180= +360× * Kithe difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Cotumn 3) OR SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE (1) ADDI-RATE (\$) -ADDI-AFTER **PREVIOUSLY** EXTRA TIONAL MENDMENT TIONAL PAID FOR FEE (\$) ú Total Minus FEE (1) X\$ 25 · 20 X\$50 Œ OR Independent D7 CFR 1.16% Minus 2 X100 X200 OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CFR 1.160) +180= +360= OR TOTAL TOTAL ADD'L FEE 1900 ADD'L FEE OR (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST NUMBER PREVIOUSLY PAID FOR REMAINING PRESENT ADDI-RATE (\$) RATE (\$) ADDI-AFTER EXTRA TIONAL FEE (3) AMENOMENT. TIONAL FEE (1) Total CI CFR 1.16(1) Minus ENDM X\$ 25 X\$50 OR Independent Minus X100 X200 OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360± OR TOTAL TOTAL QR ADD'L FEE ADD'L FEE

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or independent) is the highest number (ound in the appropriate box in column 1.

This collection of Indomnation is required by 97 CFR 1.16. The information is required to obtain to retain, a benefit by the public which is to life (and by the including pathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Dependment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. ADDRESS. SEND TQ: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.